

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031657

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 177Primary Registration District No. 4276Registrar's No. 116

FILED AUG 23 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce City		Length of stay in 1b 35 yrs	c. CITY OR TOWN Pierce City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Washington Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Washington Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle (none) Last Hilker		4. DATE OF DEATH Month August Day 16 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/17/1897
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 3 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobile Garage	11. BIRTHPLACE (City and state or country) Washburn, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Harry Hilker	
13b. MOTHER'S MAIDEN NAME Amenda Howell		14. NAME OF HUSBAND OR WIFE Ruby Hilker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Mrs. Ruby Hilker Pierce City, Mo.		Address Pierce City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quarantine - Stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) ?		INTERVAL BETWEEN ONSET AND DEATH 3 mo 3 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Worked up to 3 months ago		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ?	
20c. TIME OF INJURY Hour 6:15 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year Aug 16 1962			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pierce City Mo Lawrence Mo	20f. CITY, TOWN, OR LOCATION Pierce City Mo	COUNTY Lawrence STATE Mo
21. I attended the deceased from Aug 16 1962 to Aug 16 1962 last saw her alive on Aug 16 1962 Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. A. Marty M. D. (Degree or title)		22b. ADDRESS Robbins Bldg. - Pierce	22c. DATE SIGNED Aug 17 '62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/17/1962	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Pierce City, Mo.
24. FUNERAL DIRECTOR Wm. J. Wessell		25. DATE RECD. BY LOCAL REG. 8-17-62	26. REGISTRAR'S SIGNATURE Mrs. P. D. Cook

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monrovia, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his-OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.